A

PATENT APPLICATION Attorney's Do. No. 3981-2

of the rence

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



EXPRESS MAIL MAILING LABEL N

MAILING LABEL NO. EL532247256US DATE OF DEPOSIT: SEPTEMBER 1, 2000

I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

Missa Snifh (SENDER'S PRINTED NAME) Muhin (SAGNATURE)

Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventor [or Application Identifier]: Yao-Min Chen and Heeloo Chung For: CONGESTION AVOIDANCE PROFILES IN A PACKET SWITCHING SYSTEM

continu	uation-in-part of prior application Serial No.	, filed
Enclos	sures:	
⊠ Spe	ecification (pages 1-16); claims (pages 17-25); abstr	act (page 26)
	sheet(s) of drawings	,
Dec	eclaration or Combined Declaration and Power of At	torney
$\boxtimes$	Newly executed (original or copy)	•
	Copy from a prior application (37 CFR 1.63(d))	
	Incorporation by ReferenceThe entire disclosure	of the prior application, from
	which a copy of the oath or declaration is supplied	is considered as being part of
	disclosure of the accompanying application and is l	<u> </u>
	therein.	

[If continuing application] This application is a \_\_\_ continuation, \_\_\_ divisional, \_\_\_

prior application (37 CFR 1.63(d)(2) and 1.33(b)

Power of Attorney

Assignment with cover sheet



Deletion of Inventors (signed statement attached deleting inventor(s) named in the

	Certified copy of priority document:
	Information Disclosure Statement with Form PTO 1449
	Copies of references listed on attached Form PTO-1449
	Preliminary Amendment
	Change of Address
$\boxtimes$	Return Postcard

CLAIMS AS FILED								
For	Number Filed	Number Extra	Rate		Basic Fee \$690.00			
Total Claims	42-20	22	x \$ 18	=	396.00			
Independent Claims	6-3	3	x \$ 78	=	234.00			
Multiple Dependent Claim Fee			x \$260	=	0.00			
TOTAL FILING FEE		1	1		\$1,320.00			

Cancel in this divisional application	of the prior	
application Serial No.	before calculating the filing fee	. (At least one
original independent claim must be	retained for filing purposes.)	

- Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.

James E. Harris Reg. No. 40,013

MARGER JOHNSON & McCOLLOM, P.C. 1030 SW Morrison Street Portland, Oregon 97205 (503) 222-3613